

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.	10 519 186	FILING DATE
APPLICANT(S)		

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3	2					
4	2					
5	2					
6	2					
7	2					
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50						
TOTAL IND.			1	1		
TOTAL DEP.			1	1		
TOTAL CLAIMS			1	1		

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.			1	1		
TOTAL DEP.			1	1		
TOTAL CLAIMS			1	1		

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS